



00862.022079.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
YUKA NAGAI ET AL.) : Examiner: M.R. Milia
Application No.: 09/742,414) : Art Unit: 2622
Filed: December 22, 2000) :
For: IMAGE PROCESSING APPARATUS,)
CONTROL METHOD OF IMAGE)
PROCESSING APPARATUS, AND)
STORAGE MEDIUM) : October 26, 2004

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NOV 02 2004

Technology Center 2600

Mailstop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

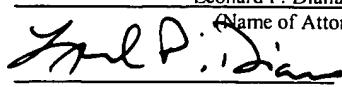
– Sir:

In response to the Office Action dated July 26, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 26, 2004
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicants)


(Signature)

October 26, 2004
(Date of Signature)



In re Application

Docket No. 00862.022079

YUKA NAGAI ET AL.

Application No.: 09/742,414

Examiner: M.R. Milia

Filed: December 22, 2000

Group Art Unit: 2622

For: IMAGE PROCESSING APPARATUS, CONTROL
METHOD OF IMAGE PROCESSING APPARATUS,
AND STORAGE MEDIUM

Date: October 26, 2004

Mailstop: Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 32	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 6	MINUS	*** 8	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150°/\$300						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

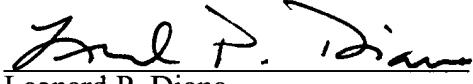
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$ _____ is enclosed.
- Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Leonard P. Diana
Attorney for Applicant
Registration No.: 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200